

DYERSBURG PUBLIC SAFETY COMMUNICATIONS

Request for Release of Records

Date of Request:	Select the Records You Request <input type="checkbox"/> CAD (computer aided dispatch) <input type="checkbox"/> Telephone Recording <input type="checkbox"/> Radio Recording
Requested By:	
Address:	Reason for Release <input type="checkbox"/> Criminal Case Preparation (<i>must be legal counsel, involved principle, or subpoena request</i>) <input type="checkbox"/> Review of Government Documents -Tennessee Open Records Act
Telephone #:	
Reason for Request:	
Incident #:	Incident Time#:
Date of Incident#:	Complainant:
if no incident # is available, or you have multiple event record request, then please explain the specific activity that information is being requested for:	
Date Forwarded to Department Official for Review/Approval:	

THIS SECTION TO BE COMPLETED BY AUTHORIZING POLICE OR FIRE OFFICIAL

Is this record considered confidential? Y or N

Is this record authorized for release? Y or N

If confidential, then please mark the justifying reason:

- [] Child Abuse Report [] Open or Pending Criminal Action
- [] Expunged Records [] Data containing Name of Juveniles
- [] Any information that ID's the address, telephone number, social security number or other information to locate the victim of Domestic Violence
- [] Any information that ID's a police informant or undercover officer
- [] Medical Record information that is classified as confidential by law

Authority _____ Date _____

* Note – ALL DOCUMENTS RELEASED UNDER THE “RELEASE OF PUBLIC INFORMATION” SHALL REQUIRE A DOCUMENT FEE TO BE PAID BEFORE ANY RECORDS ARE RESEARCHED AND/OR RELEASED

“Document Fee” – (time spent preparing documents: CAD _____ hrs voice recordings _____ hrs

Total cost for documents per GO 3.1 \$ _____

(for voice records only) Copy # _____ Security Code _____